APPLICATION FOR VOTE BY MAIL BALLOT CONSOLIDATED STATEWIDE GENERAL ELECTION - NOVEMBER 2, 2010

To obtain a Vote by Mail ballot, complete the information on this form. This application must be received by the elections official no later than 5:00 p.m. on October 26, 2010.

1. PRINT NAME:	2. DATE OF BI	2. DATE OF BIRTH	
First Name 3. RESIDENCE ADDRESS	Middle or Initial IN MADERA COUNTY:	Last Name	NOTICE: You have the legal right to mail or deliver this application directly to the Elections Official. The address is: Madera County Clerk Recorder- Elections Division 200 West 4th Street, Madera CA 93637 (559) 675-7720 or toll free 1-800-435-0509 Returning this application to anyone other than the Elections Official may cause a delay that could interfere with your ability to vote.
Number and Street - as Registe	red (P.O. Box, Rural Route, etc. Not acceptable)		may cause a detay that could interfere with your ability to vote.
City		ZIP Code	Check here for Permanent Vote by Mail Status.
4. TELEPHONE NUMBER	Daytime (Optional)	Evening (Optional)	
	ESS FOR BALLOT (If different from above): uting this form may not preprint mailing address info	The format used on this application MUST be used by ALL individuals, organizations and groups that distribute absentee ballot applications. (Elections Code Section 3007).	
Number and Street or PO Box			Failure to conform to this format may result in criminal prosecution. (Elections Code Section 18402).
City	U.S. State or Foreign Country	ZIP Code	
6. THIS	APPLICATION WILL NOT BE ACCEPTED WI		
	tend to apply for, a Vote by Mail ballot from any other jurisof f the State of California that the name, residence address an		

DATE

7. THIS FORM WAS PROVIDED BY: Madera County Clerk-Recorder, 200 W. 4th Street, Madera CA 93637. (559) 675-7720.

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code).

SIGNATURE